

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560101

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3			1			
4			1			
5			2			
6			2			
7			2			
8			1			
9			1			
10			1			
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TOTAL IND.

2



TOTAL DEP.

8



TOTAL CLAIMS

20



	AS FILED	AFTER 1 ST AMENDMENT	AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.

2



TOTAL DEP.

8



TOTAL CLAIMS

20



BEST AVAILABLE COPY